



# APPLICATION FOR EMPLOYMENT

All information given is strictly confidential and is being requested only as an inducement to employment by The Kearney Companies, LLC

**Position Applying For:** \_\_\_\_\_ **Pay Rate:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_

Our business needs may require you to travel to different jobsites within a day. Are you able to do so? **Yes**  **No**

Our worksites are between 10 and 50 miles from the office. Are you able to commute to all jobs to which you may be assigned? **Yes**  **No**

Do you have a current valid CDL? **Yes**  **No**  What endorsements? \_\_\_\_\_

If other state advise state & license #: \_\_\_\_\_

Have you ever had a prior suspension or revocation of your driver's license in Florida or any other state? **Yes**  **No**

Have you ever been arrested, regardless of conviction or outcome, for alcohol related offenses? **Yes**  **No**

Do you have any special driver education or training? **Yes**  **No**

Have you ever been prohibited from driving any employer's vehicle or equipment for any reason in the past? **Yes**  **No**

If yes to any of the above, give details: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment.) **Yes**  **No**

On what date are you available for work? \_\_\_\_\_

Circle days you are able to work: **FULL TIME**  **PART TIME**

Are you currently laid off and subject to recall? **Yes**  **No**

Can you travel if a job requires it? **Yes**  **No**  **Out of State:** **Yes**  **No**

Have you been convicted of a **felony within the last 7 years?** (Conviction will not necessarily disqualify applicant from employment) **Yes**  **No**

If yes, please explain: \_\_\_\_\_

What qualities make you a good employee? \_\_\_\_\_

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# EMPLOYMENT EXPERIENCE

1. **Name of Employer:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Job Description/Your Duties: \_\_\_\_\_ Last Pay \$: \_\_\_\_\_  
From: Mo \_\_\_\_ Year \_\_\_\_ To: Mo. \_\_\_\_ Year \_\_\_\_ May we contact for reference: Yes  No   
Reason for Leaving: \_\_\_\_\_
2. **Name of Employer:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Job Description/Your Duties: \_\_\_\_\_ Last Pay \$: \_\_\_\_\_  
From: Mo \_\_\_\_ Year \_\_\_\_ To: Mo. \_\_\_\_ Year \_\_\_\_ May we contact for reference: Yes  No   
Reason for Leaving: \_\_\_\_\_
3. **Name of Employer:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Job Description/Your Duties: \_\_\_\_\_ Last Pay \$: \_\_\_\_\_  
From: Mo \_\_\_\_ Year \_\_\_\_ To: Mo. \_\_\_\_ Year \_\_\_\_ May we contact for reference: Yes  No   
Reason for Leaving: \_\_\_\_\_

Have you filed an application here before? Yes  No  If Yes, give date: \_\_\_\_\_

Have you been employed here before? Yes  No  If Yes, give date: \_\_\_\_\_

Do you currently know, or known in the past any Kearney family member, relative or friend; to include any current/former employee of Kearney Company management? Yes  No

If Yes, give details: \_\_\_\_\_

Do you now, or have you in the past, had any relative working for a Kearney Company : Yes  No

If Yes, give details: \_\_\_\_\_

Are you employed now? Yes  No  May we contact your present employer? Yes  No

## PERSONAL REFERENCES

List the names and telephone numbers of at least three people you have known for over one year that we may contact for reference: (prefer no relatives)

Name: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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Applicants who seek employment with The Kearney Companies, LLC in field operations, either directly or have work occasions requiring exposure to field operations, should comply with the following to ensure safety of all employees:

Ability to lift 100 pounds to shoulder and hold for three minutes.

Hearing or corrected hearing to readily detect equipment backup alarms, sirens, warning bells, normal voice warnings, and related.

Sight or corrected vision to readily detect approaching equipment/vehicles in front and peripheral areas.

Sight or corrected vision to readily detect visible or potential danger areas common to heavy and site construction.

Ability to traverse muddy uneven ground, at an uninterrupted walking pace for 1,000 yards. Ability to climb (unaided) up or down vertical three to one slopes.

Ability to understand warnings, directions, and commands in English or advise THE KEARNEY COMPANIES, LLC if you need additional language requirements.

Manual dexterity to handle, use, and control any of the following as assigned to employee's specific tasks:

Small hand tools including, but not limited to: shovels, picks, rakes, forks, mechanics tools, carpenter tools, and survey instruments.

Large hand tools; electric, air operated or manual, including, but not limited to; jack hammers, pumps and pump hose, tamping machines, and drills.

Ability to safely operate for set number of hours unimpeded by distractions, or known weaknesses, those items of heavy construction equipment for which you are experienced and capable of operating.

Ability to work a minimum of five-eight hour days on a regular, uninterrupted basis, 50 weeks of each year.

Ability to work side by side with other employees performing as above while posing no threat to safety of others.

If you feel you do not comply with the above, please advise THE KEARNEY COMPANIES, LLC personnel in order that THE KEARNEY COMPANIES, LLC may work with you to provide reasonable accommodations and still maintain safe, reasonable working environment.

Your signature on this application reflects your understanding of above.

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**Signature**

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**Date**

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**CIRCLE HIGHEST GRADE COMPLETED:** None    6    7    8    9    10    11    12    College:    1    2    3    4  
**Post Grad:** \_\_\_\_\_ **Detail technical or special skills and how acquired (if any)** \_\_\_\_\_

**Detail certificate or degrees acquired (if any)** \_\_\_\_\_

**List ALL equipment you are confident you can operate:** \_\_\_\_\_

### **Applicant's Statement of 4 Pages**

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of 3 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that this document is not an offer of employment and that any offer of employment from the employer does not constitute an employment contract unless a specific document to that effect is executed by the employer and the employee in writing.

Drug testing will be performed by THE KEARNEY COMPANIES, LLC as workplace policy on pre-employment and post accident. Further, refer to Company manual for entire Drug Testing Policy.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named herein to give any information regarding my employment character and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions are true and were made by me without any reservations. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I UNDERSTAND THAT IF EMPLOYED, I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND THAT MY EMPLOYMENT MAY BE TERMINATED AT ITS WILL, AT ANY TIME, AND WITH OR WITHOUT CAUSE; THE EMPLOYER'S ONLY OBLIGATION BEING TO PAY SALARY OR WAGES DUE AND OWING AT REGULAR PAYROLL PERIODS.

It is understood that any incorrect and/or false statements given herein can be cause for immediate dismissal by The Kearney Companies, LLC.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Did you complete this form yourself?    Yes        No        If no, give name and address by whom this form was completed by: \_\_\_\_\_